

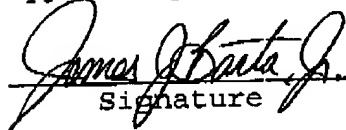
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Facsimile (314) 231-4342**FACSIMILE TRANSMITTAL COVER SHEET**DATE: 02/17/2005 ATTORNEY DOCKET NUMBER: MS#155706.01(4911)
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NUMBER OF PAGES: 18 INCLUDING COVER SHEETTIME SENT: 1:48 pm OPERATOR'S NAME C. Jonell Layton, PLS**CERTIFICATION OF FACSIMILE TRANSMISSION**I hereby certify that this paper is being facsimile transmitted to
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Date

Type of paper transmitted: Amendment B; Request for Continued
Examination TransmittalApplicant's Name: Burkhardt et al.Serial No. (Control No.): 09/912,864 Examiner: S. SuryawanshiFiling Date: 07/24/2001 Art Unit: 2115Application Title: METHOD AND SYSTEM FOR CREATING AND EMPLOYING AN
OPERATING SYSTEM HAVING SELECTIVE FUNCTIONALITYIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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MS#155706.01 (4931)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Burkhardt et al.

Art Unit 2115

Serial No. 09/912,864

Filed 07/24/2001

Confirmation No. 6214

For METHOD AND SYSTEM FOR CREATING AND EMPLOYING AN OPERATING
SYSTEM HAVING SELECTIVE FUNCTIONALITY

Examiner Suresh Suryawanshi

February 17, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

COMMISSIONER FOR PATENTS

P.O. BOX 1450

ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the
above-identified application.

1. REQUIRED SUBMISSION:

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116
previously filed on _____
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief
previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement
 - iv. ☐ Other _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37
C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall
not exceed 3 months; fee required)
- b. ☐ Other _____

MS#155706.01 (4931)
PATENT

3. FEES (Required when the RCE is filed)

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any ~~overpayments or credit~~ overpayments, to Deposit Account No. 19-1345:
- i. ☒ RCE fee required under 37 C.F.R. §1.17(e) (\$790)
 - ii. ☐ Extension of time fee
 - iii. ☐ Other _____
- b. ☐ Check in the amount of \$_____ is enclosed, along with a Fee Transmittal

Respectfully submitted,



James J. Barta, Jr., Reg. No. 47,409
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JJB/ATY/cjl